

S. No. 2
M-1-4-41
v. 5-17-39
X2639

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26661
6453

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

00
17
9

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4100 A. Shenandoah
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO (b) County _____ 17

(c) City or town St. Louis 179
(If outside city or town limits, write "RURAL")

(d) Street No. 4100 A. Shenandoah Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

No Yes, name country _____

3. (a) PRINT FULL NAME Laura Jolley

3. (b) If veteran, name war _____

3. (c) Social Security No. None

20. DATE OF DEATH: Month Aug day 6
year 1941 hour 9:30 P minute _____ M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife James A. Jolley

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 25 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>12</u>	_____ hr. _____ min.

Immediate cause of death General Peritonitis following ruptured Diverticulum Ulcer

Due to _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER { 12. Name Frances Randol

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth O'Hara

15. Birthplace Canada
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Audrey M. Dalley

(b) Address 4100 A. Shenandoah Ave.

17. (a) Burial (b) Date thereof 8 10 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveside

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director. Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) AUG - 7 1941 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Thomas F. Callahan (M. D. or other) 3

Address County, Carondelet Date signed 8/7/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *John M. Meyer*
Licensed Embalmer No. *3288*
P. O. Address *Wickwood, Ma*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.